

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24344**

FILED AUG 12 1957

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Fulton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY OR TOWN <u>Viola</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stoll's Serg. Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>863rd</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIE</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>BEAVER</u>		4. DATE OF DEATH (Month) <u>Aug.</u> (Day) <u>6,</u> (Year) <u>1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 4, 1894</u>	
9. AGE (In years last birthday) <u>63</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Zion, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Rice McElmurry</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>Forrest Beaver</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sue Newberry</u> ADDRESS <u>Viola, Ark.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>332X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>8-4</u> , 19 <u>57</u> , to <u>8-6</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>8-6</u> , 19 <u>57</u> , and that death occurred at <u>12:30 A.M.</u> ; from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Stoll M.D.</u> (Degree or title)				23b. ADDRESS <u>West Plains, Mo.</u>		23c. DATE SIGNED <u>8/9/57</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/7/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Viola Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Viola, Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>8-9-57</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carter Funeral Service</u> ADDRESS <u>Salem, Ark.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 7
1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Leland Carter

Licensed Embalmer No.....*47*

P. O. Address.....*2 Hayn, r*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.